



Restorative Justice  
Louisville

## Conference Agreement

Case number 00248983-003

Name of Offender: Charles Edward Jackson III, Tyree Dekwan Taylor

Name of Victim: Patrick L. Regan

Offense(s): Criminal Mischief, 1st Degree Date of Meeting: 2/8/2014

### AGREEMENT

The following agreement was reached:

1. I, Charles Edward Jackson III agree to pay victim Patrick Regan \$ 320  
Payment will be made in full by (date) March 1, 2014 or in payments as follows:

Unless paid to the victim at the meeting, payments will be mailed to:

1707 Millgate Road #H  
## Anchorage KY 40223  
Louisville 270 312 4302

Additional Agreement(s):

2. Charles Edward Jackson III payed <sup>(cash)</sup> \$160.00 to Patrick Regan  
on 2/8/14 Mother Signature: Denisha Jones  
3. Patrick Regan [Signature]

4. Tyree Dekwan Taylor will be payed in Full by March 1, 2014.  
5. Tyree and Charles both apologized to Mr. Regan for the damage done to his vehicle.

Use additional sheets if necessary.

We further understand that this agreement will be shared with the following:

We also understand that a copy of this agreement shall be provided to the Court and a copy maintained by Restorative Justice Louisville.

**Signatures**

[Signature] 2-8-14  
Person who was Harmed Date

\_\_\_\_\_  
Parent (if present) Date  
(If person harmed under 18 years of age)

\_\_\_\_\_  
Person who was Harmed Date

Lynne Gaylor 2-8-14

\_\_\_\_\_  
Parent (if present) Date  
(If person harmed under 18 years of age)

\_\_\_\_\_  
Person Who Caused Harm Date

Charles Jackson 2-8-14

[Signature] 2-8-14  
Parent (if present) Date  
(If person is under 18 years of age)

\_\_\_\_\_  
Person Who Caused Harm Date

[Signature] 2/8/14  
Conference Participant Date

[Signature]  
Parent (if present) Date  
(If person is under 18 years of age)

\_\_\_\_\_  
Conference Participant Date

[Signature] 2/8/14

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

[Signature] 2/8/14

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

\_\_\_\_\_  
Conference Participant Date

Use additional signature sheets if needed.

Return original to:  
**Restorative Justice Louisville Inc. Coordinator**  
**514 West Liberty Street, Suite 106**  
**Louisville, KY 40202**